

## Massachusetts Workforce Training Fund Express Grant - Grantee Final Evaluation

### I. General Grant Information

Company Name:		Submitted By:		Today's Date:	
Address 1:		Title		Grant Start Date:	
Address 2:		Phone:		Grant End Date:	
City/Town:		State:		Zip Code	
Email:		Signature:			

### II. Grant Outcomes

Please complete the following table

	Planned	Actual
Grant Funds	\$	\$
Employees Trained		

If you spent less than the total grant award or trained other than the planned number of employees, please indicate why (check all that apply):

<input type="checkbox"/> Change of management	<input type="checkbox"/> Underestimated training requirements	<input type="checkbox"/> Delays in hiring	<input type="checkbox"/> Reduction in workforce/layoff
<input type="checkbox"/> Employee turnover	<input type="checkbox"/> Slowdown in our business	<input type="checkbox"/> Grant ended before training completed	<input type="checkbox"/> Slowdown in the economy
<input type="checkbox"/> Lack of employee interest/participation	<input type="checkbox"/> Other (please explain):		

### III. Performance Measures

1. Did *productivity* improve as a direct result of this grant?

☐ Yes ☐ No

1a. If yes, how has *productivity* improved?

2. Did your organization become more *competitive* as a direct result of this grant?

☐ Yes ☐ No

2a. If yes, how has *competitiveness* improved?

3. Have you increased (or, within the next six months do you expect to increase) wages as a direct result of this grant?

☐ Yes ☐ No

3a. If yes, what was the average wage increase?

 %

4. Did other employees, not trained through the grant, also receive a wage increase during the same period?

☐ Yes ☐ No

4a. If yes, what was the average increase?

 %

4b. Reason for wage increase of employees not trained through the grant:

<input type="checkbox"/> Annual cost of living increase	<input type="checkbox"/> Company-wide merit pay increase	<input type="checkbox"/> Union contract	<input type="checkbox"/> Other (please explain):
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5. Has your organization realized other benefits from this grant?

☐ Yes ☐ No

5a. If yes, what are (will be) the other benefits your organization realized as a result of this grant? (check all that apply)

<input type="checkbox"/> Improved communications	<input type="checkbox"/> More teamwork	<input type="checkbox"/> Employees feel more valued	<input type="checkbox"/> Employees are more responsible/accountable
<input type="checkbox"/> Improved flexibility	<input type="checkbox"/> Increased employees motivation	<input type="checkbox"/> Improved morale	<input type="checkbox"/> Better employee/management relations
<input type="checkbox"/> Improved revenue/sales/profits	<input type="checkbox"/> Improved leadership	<input type="checkbox"/> Improved employee retention	<input type="checkbox"/> Better understanding of the "big picture"
<input type="checkbox"/> Improved employee satisfaction	<input type="checkbox"/> Other (please specify):		

## IV. Working with Training Providers

1. Please list your training provider(s) and indicate your satisfaction with each.

Training Provider	Criteria (1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Neither Dissatisfied or Satisfied, 4 = Satisfied, 5 = Very Satisfied)					Would you recommend this provider to others		Comments
	Qualification	Presentation	Preparation	Flexibility	Overall Performance	Yes	No	
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			
						<input type="checkbox"/>	<input type="checkbox"/>	
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5			

2. Did you change training providers during the course of this grant?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2a. If you changed training providers during the course of the grant, please indicate the provider and why you changed? (check all that apply)

Training Provider	Trainer left the training provider	Change in our training priorities	Class locations were inconvenient	Another provider better suited our needs	Provider made insufficient progress	Provider's costs were too high	Other	If, other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Please indicate all the training methods employed and their effectiveness:

Training Method	Very Ineffective	Somewhat Ineffective	Somewhat Effective	Very Effective
<input type="checkbox"/> Classroom/Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer-based Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Web-based Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-the-job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## V. The Grant Process

1. Please indicate your agreement/disagreement with the following statements.

	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree	Please Explain
1a. Applying for the Workforce Training Fund was user-friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1b. Administering the grant (after the award) was user friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1c. Assistance provided by the WTF staff was helpful and easy to obtain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1d. I would recommend the Workforce Training Fund to other organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Check any of the following that you believe are needed to improve the Workforce Training Fund Program:

<input type="checkbox"/> Improve DET responsiveness	<input type="checkbox"/> Use more electronic forms	<input type="checkbox"/> Use simpler language	<input type="checkbox"/> Reduce turnaround time
<input type="checkbox"/> Reduce paperwork	<input type="checkbox"/> Increase communication	<input type="checkbox"/> Help find qualified trainers	<input type="checkbox"/> Be more specific about data requirements
<input type="checkbox"/> Allow on-line applications	<input type="checkbox"/> Simplify forms	<input type="checkbox"/> Make timely payments	
<input type="checkbox"/> Other (please specify):			

3. Please provide us with any additional feedback that would improve this program.